SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSMI Date Stan APPLICATION FOR PERMIT MAY 29 2012

Permit #: Refund: Amount Paid: 0-7-1 0,017 5/29/12 35,00

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
Refund:

				- Wunicipal Use				☐ Commercial Use				🔀 Residential Use			Proposed Use		Proposed Construction:	Evisting Structure, (1				2		į	200000000	Value at Time of Completion * include donated time & material	A Non-Snoreland	Non chordson	Shoreland —	-	Section	SW1/4, SI	PROJECT LOCATION	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Se H	36700 Count		TYPE OF PERMIT REQUESTED—▶ Owner's Name:
					Ŋ			.,					П		7		D:	,		Property	Run a Business on	Relocate (existing bldg)	A Addition/Aiteration	New Construction		Project (What are you applying for)			ါs Propert	ls Propert	, Township	E 1/4	Legal Description:	on Signing App		X	S	UESTED-
Other: (explain)	Condition	Special Use: (explain)	 Accessory	Accessory Building	Addition/	Mobile Ho	Bunkhous							Residence	Principal		or naudop St	- L			ness on	xisting bldg)	Aiteration	cruction		ct pplying for)			y/Land withi	y/Land withi		Gov't Lot	⊣	lication on beha		Lighway	Weber	X LAND USE
olain)	Conditional Use: (explain)	e: (explain)	Accessory Building Addition/Alteration (specify)	Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Standard (final		r is relevant to it)			☐ Foundation			3-Story + Lott			# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes—	SQ N, Range 4	t Lot Lot(s)	tatement)			4	lercsa L. weber	1
			n/Aiterat		8	d date)	or □ sleep	Garage			Sh			ing shack,	Propo		Length:	W/66/2			#			+		ent			e, Pond or Flowage If yescontinue	; Stream (in	W	CSM	PIN: (23 digits)	Agent Phone:	Contractor Phone:	Bayl	36700	□ SANITARY □ PRIVY
	1		on (specify)		narch deck		ing quarters,			in the second				etc.)	Proposed Structure					Bassas J. Parse			★ Year Round │	Seasonal		Use			lowage ntinue —	Stream (incl. Intermittent) If yes—continue —	Bayfi	Vol & Page	5 - SO		Phone:	field	o Gonty	
VOICE .	770000000000000000000000000000000000000	77700000							- AMerican	PATAL			The state of the s	The state of the s	re					- 1	None	ł	□ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		13.0	# of bedrooms			Distance Str	Distance Structure	field	Lot(s) No.	h-10-h0-	Agent Mailing A	Number:	, WI,	they ?	CONDITIONAL USE
	770000	7770000			Total Control	The second secon	cooking & food prep facilities)		and the second second					C. Little Andrews			Width:		□ None	- 1		□ Privy (Pit) or	- 1		- 33	Sewe			Distance Structure is from Shoreline:	ucture is from Shoreline :			103-000-	Agent Mailing Address (include City/State/Zip):		54214	Bayfield	ALUSE SPECIALUSE
	_	7			7	_	7	~		_ -	-	_								let	¬ I		iry Spec			What Type of er/Sanitary Sys			eline :	eline :	Lot Size	Subdivision:	Recorde Volume	tate/Zip):			LW.	IAL USE
×	×	×	×	X	رر ×	×	×	×	×	×	×	×	× :	×	Dimensions		c I			7111000	intract)	city Type:	Specify Type:			What Type of Sewer/Sanitary System is on the property?		7		ls Pro		ion:	469	11000			I. 24814	□ B.O.A.
_	_	_	 _	¥	5	_ .	_	_	- -	<u> </u>	-	_	_	-	ins	י יפופוור.	Height:			distribution	vice contract)	Valified (min 200 gallon)	7	- Institution		3		-1	□ Yes	perty in	Acreage		nt: (i.e. Pr.	Written A Attached	Plumb			
			 		ものなり		***************************************	Annual Control	***************************************	***************************************					Square Footage			The state of the s			, ,		1.0	□ City		Water			□Yes No	Ą	950		Recorded Document: (i.e. Property Ownership) Volume 469 Page(s) 200	Written Authorization Attached □ Yes □ No	Plumber Phone:		TIS-779.572 &	OTHER

Rec'd for Issuance
Address to send permit ____ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent: _

Owner(s): Danue C well-owners Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization

ompany this application)

Date

5-28-12

JUN 7 2012

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Hold For Sanitary: